(d) and (e) An outbreak of leptospirosis with 352 cases was also reported from South Gujarat.

Health melas in parliamentary constituencies

†3467. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pieced to state:

(a) whether it is a fact that in 2003-04, his ministry had taken a decision to organise health melas in each Parliamentary constituency;

(b) if so, in how many Parliamentary Constituencies these health melas were organised in that particular year;

(c) whether any assessment of the utility of these melas was done;

(d) if so, the details thereof; and

(e) whether this decision will be continued to be implemented in the future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a)and(b) Yes, Sir. Health Melas were organized in over 500 Parliamentary Constituencies in 2003-04.

(c) and (d) Yes, Sir. The National Institute of Health & Family Welfare, New Delhi was assigned the work of making an assessment of the utility or these melas. The finding of the impact evaluation of the Health Melas revealed that such Melas have created awareness about the diseases, their cures and treatments. The Health Melas also created awareness about family planning methods i.e. spacing and permanent methods. The majority of the beneficiaries found the mela as useful and beneficial. 88% of the beneficiaries were satisfied with the services availed in the Health Mela.

(e) Continuance of the scheme would be dependant on necessary approval of the competent authority.

Rural Health mission

†3468. SHRI BASHISTHA NARAIN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of basic facilities to be extended to the rural areas under the Rural Health Mission;

† Original notice of the question was received in Hindi.

(b) whether priority under this scheme will be accorded to those States where there is acute shortage of basic health facilities;

(c) the salient features of this scheme; and

(d) the amount allocated for this scheme State-wise and the manner in which it is being spent?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The National Rural Health Mission seeks to provide accessible, affordable, accountable, effective and reliable health care, especially to poor and vulnerable sections of population in the rural areas. The Mission provides an overarching umbrella, subsuming the existing programmes of the Ministry. Some of the basic facilities to be extended to the rural areas under the Mission are provision of ASHA at village level, strengthening of primary health infrastructure including manpower, drugs and equipments improving institutional delivery by creating a chain of FRUs with obstetric care facilities.

(b) Yes, Sir. The NRHM shall be implemented in entire country with special focus on States which have the weakest Health infrastructure and the poorest health/demographic indicators.

(c) The main salient features of the Mission are:

- Selection of Accredited Social Health Activists (ASHA).
- Strengthening sub centres with Untied Fund.
- Raising the CHCs to the level of IPHS.
- Mainstreaming AYUSH at all levels of primary healthcare.
- Supply of additional generic drugs (both Allopathic and AYUSH) to SC/PHC/CHC.
- Integrating vertical health and family welfare programmes under NRHM at National, State and District level.
- Strengthening Immunization.
- Implementation of Janani Suraksha Yojana (JSY) for improving level of institutional delivery.

- Institutionalizing district level management of health.
- Piloting multiple health insurance models.
- Partnership with non Government sector for achieving public health goals.
- Involvement and leadership of PRIs in the Health Sector.
- Capacity Building at all levels.

(d) The amount allocated for this scheme state-wise is as per the enclosed Statement (See below). The amount is proposed to be spent for the vertical disease control programmes, Immunisation activities and the innovations under NRHM including for selection and training of ASHAs, untied funds for Sub-centres and funds for upgrading CHCs to IPHS.

Statement

The State-wise amount allocated for the scheme under NRHM

SI. No.	Name of State/UT	Total for Schemes under NRHM
1	2	3
1	Andhra Pradesh	27760.49
2	Bihar	39821.5
3	Chhattisgarh	11799.96
4	Goa	635.09
5	Gujarat	30682.3
6	Haryana	6933.18
7	Himachal Pradesh	4358.22
8	Jammu & Kashmir	5180.34
9	Jharkhand	15769.48
10	Karnataka	18756.41
11	Kerala	11738.02
12	Madhya Pradesh	28076.37
13	Maharashtra	31071.63
14	Orissa	19672.15

1	2	3
15	Punjab	7509.28
16	Rajasthan	26426.54
17	TamiMadu	21273.35
18	Uttar Pradesh	74669.32
19	Uttaranchal	5185.93
20	West Bengal	277289
21	Arunachal Pradesh	2637.96
22	Assam	24797.21
23	Manipur	3362.81
24	Meghalaya	3215.47
25	Mizoram	3121.08
26	Nagaland	3041.52
27	Sikkim	791.98
28	Tripura	5058.88
29	Delhi	3136.07
30	Pondicherry	267.46
31	A & N Islands	563.07
32	Chandigarh	328.6
33	Dadra & Nagar Haveli	202.91
34	Daman & Diu	146.59
35	Lakshadweep	121.68
	GRAND TOTAL	465841.75

Implementation of findings of railway accidents enquiry report

3469. SHRI N.K. PREMACHANDRAN: Will the Minister of RAILWAYS be pleased to state:

(a) whether Government have taken decision to implement the findings of railway accidents enquiry report;

(b) whether any vulnerable bridges are identified in Kerala sector;

(c) if so, the details thereof; and